



Caddo Nation Education Department

P.O. Box 487 – Binger, OK 73009

405.656.2344 or 405.656.2447

Fax: 405.656.2904

• ***Dedicated To Your Success*** •

Caddo Nation Adult Education Program Guidelines

Purpose

The Program is designed to improve educational opportunities and occupational opportunities for Adult Caddo members who lack literacy skills for productive employment. The Program coordinates education services for those needing literacy services or to prepare for the GED test. It also coordinates or provides assistance for job training and retraining services to improve job skills necessary for job entry or short-term training services for those needing to maintain their employability or improve promotional opportunities. Helps members to become self-sufficient and contributing members of society. The program also provides cultural education awareness. Program services are offered on a first-come, first serve basis for completed applications.

Program Activities

1. Literacy: Coordinates with existing community programs to provide skills training necessary to attain adequate functional literate skills to attain reading, writing, and mathematical proficiency skills to successfully complete the GED test. The Caddo Nation coordinates services of this type with institutes that provide these types of courses, such as: Caddo-Kiowa Technology Center, Anadarko Adult Institute (BIA), and the Anadarko Adult Learning Center.

2. Short-term Training: Provides short-term training assistance, not to exceed one-year, and other forms of assistance, such as providing assistance for re-licensure/certification and upgrade training needed to retain employment or qualify for promotional opportunities that will better equip and enable participants to either enter or retain employment. Short-term basic training in life skills such as computer training, like word processing, database management, and accounting and other training areas like cashiers' training or tax preparation may also be offered. Also offered will be specialty workshops such as Medicare, Social Security informational sessions and other related programs of interest or necessity chaired by experts.

3. Cultural Awareness Education: Short-term training by local cultural experts for adult Caddos to explore the arts, language, literature, genealogy and other such traditions of the Caddos will be available. Expenses for this program will be restricted to the cost of acquiring teaching material and per diem or honorarium for the instructor. Included will be traditional crafts like beading, clothing, and food preparation.

Required Documents: **ALL DOCUMENTS MUST BE ORIGINALS! Faxes/Copies Will Not Be Accepted.**

To qualify for one or more of these program activities you must submit the following. A single asterisk (*) indicates the form is included in the packet.:

1. *Completed & Signed Adult Education Application
2. Copy of Caddo Nation Enrollment card
3. Applicants must be beyond State Compulsory Attendance.
4. Selective Service status or DD-214 (males 18 years and older)
5. Letter of Verification from training facility (on letterhead): That verifies enrollment, length of program/course, costs of tuition, books, and any additional supplies needed.
6. *Student Background/Goals, Publicity Consent
7. *Release of Information
8. Certification of completion
9. Only completed applications will be considered. **ANY INCOMPLETE FORMS WILL BE RETURNED!**
10. In accordance with the accountability required for the administration of the funds appropriated for this program, certain information is required of the applicant. The intent of the collection and maintenance of this data is for determining the eligibility of the applicant and to provide the means for producing certain statistical records required of this office.
11. **Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility in obtaining adult education assistance under this program. It is your responsibility to make sure that all documentation for your application is complete.**

Repeat Services

Repeat training services will be determined on an individual basis, taking into consideration the type of training already received, length of previous training session, whether it was sequential, the need for the training, prior performance and present motivation of the applicant.

PRIVACY STATEMENT

THE FAMILY EDUCATIONAL RIGHTS
AND PRIVACY ACT (FERPA)
(20 U.S.C 1232G; 34 CFT PART 99)
IS THE FEDERAL LAW THAT PROTECTS
THE PRIVACY OF STUDENT EDUCATION RECORDS.

THE LAW APPLIES TO RECIPIENTS WHO
RECEIVE FEDERAL FUNDING
FOR EDUCATIONAL PURPOSES.

THESE RIGHTS TRANSFER TO THE STUDENT WHEN HE
OR SHE REACHES THE AGE OF 18 OR ATTENDS
A SCHOOL BEYOND THE HIGH SCHOOL LEVEL.

**WITH THIS STATED AND IN
ACCORDANCE WITH THE FERPA,
THE CADDO NATION
EDUCATION DEPARTMENT
WILL DISCUSS
STUDENT INFORMATION
WITH THE STUDENT
APPLYING FOR ASSISTANCE ONLY.**

Caddo Nation Adult Education Application

Applicant Information: (PLEASE COMPLETE ALL BLANKS)

Name: _____
Last First MI (Maiden name)

Home Address: _____
Street No./ Route/PO Box City State Zip

SSN: _____ DOB: _____ Caddo Membership No: _____

Home Phone No. _____ Cell Phone No. _____ E-mail _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated Dependent # _____

Veteran: ☐ Yes ☐ No Do you have a Driver's License? ☐ Yes ☐ No

Academic Information: (PLEASE COMPLETE ALL BLANKS)

Highest Grade Completed: _____ Yr. Graduated: _____ Received GED: ☐ Yes ☐ No Year: _____

College: ☐ Yes ☐ No Classification: ☐ Freshman ☐ Sophomore ☐ Jr. ☐ Sr. ☐ Other Accumulative Hrs. _____

Current Vocational Training Area: _____

Current School: _____
Name

Address City State Zip

STUDENT AGREEMENT

• I declare information given by me on this form is true, correct and complete to the best of my knowledge. **I consent to this information being shared by the Caddo Nation, my selected institution of higher learning, and other necessary agencies to complete my financial aid package.** I will contact the Financial Aid Office and apply for any financial aid available to me, and if granted assistance from the Caddo Nation, I am aware the grant will be mailed to my Financial Aid Office. I agree to use the funds only for my approved educational expenses.

• If I do not make satisfactory progress in my chosen course of study, I may be denied future services through this program.

• I also understand that persons submitting or causing to be submitted any false information in connection with any application, report, or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as sections 287, 371, or 1001 of title 18, U.S. Code.

I UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND ACCEPT ALL OF THE ABOVE CONDITIONS.

Student Signature

Date

STUDENT BACKGROUND/GOALS

Please read and answer each question to the best of your ability.

1. Why are you seeking assistance at this time?

2. What type of assistance do you require?

3. Do you have any background experience in the Vocation Training Area that you have chosen?

4. What are your goals after you complete your training?

5. Additional Comments:

Publicity Consent

I agree to allow my name and likeness to be used for positive promotion of the Caddo Nation Education Program. This usually includes carefully selected photos, but is not limited to photos. Photos may be selected to be used in the Caddo Nation Education Department's section of the tribal web page, newsletter, brochure, or recruitment videos. Sensitive information, such as social security numbers, will never be released to the public. All photos are carefully selected to portray students in a positive academic, cultural, or recreational setting.

BY SIGNING BELOW, I AGREE TO CONSENT, AND FULLY UNDERSTAND THE CONTENTS OF THIS STATEMENT.

Student's Signature

Date



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CONSENT TO RELEASE INFORMATION

INSTRUCTIONS:

1. Fill out all appropriate fields on this form, in ink, in the presence of a notary public;
2. Send the original form to the address above, or hand deliver to the Caddo Nation Education Department.

(PLEASE PRINT) Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Authorization:

I hereby authorize the Caddo Nation Education Department to obtain information about me that is pertinent to my application for assistance.

I hereby authorize the Caddo Nation Education Department to make additional copies of this original, notarized Consent to Release Information form as needed, and such copies shall be treated as originals.

Student's Signature _____ Date _____

Signature of Parent/Guardian (If student is under the age 18) _____ Date _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

My commission expires: _____

Notary Public: _____